

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009800

DO NOT WRITE
ON THIS STUB

AMENDED

Filed on APR 17 1962

Primary Registration District No. 3003

Registrar's No. 55

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0055

2 0055

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12 2-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b 6 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle G. Last Schany		4. DATE OF DEATH Month April Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman - Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Paul Schany		11b. MOTHER'S MAIDEN NAME Mary E. Jackman	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. [REDACTED]	
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of urinary bladder		14. NAME OF HUSBAND OR WIFE Doris Mitchell	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 yr +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inanition due to the cancer		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Monett, Mo.	
20g. COUNTY Barry		20h. STATE Missouri	
21. I attended the deceased from 6-5-59 to April 1, 1962 and last saw him alive on April 1, 1962 Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED Apr. 3 1962	
22a. SIGNATURE J. D. Buchanan, Jr. M.D.		22b. ADDRESS Monett, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/4/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	23d. LOCATION (City, town, or county) Monett, Missouri
24. FUNERAL DIRECTOR J. D. Buchanan, Monett, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-62	
26. REGISTRAR'S SIGNATURE Mrs. J. N. Cook			

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. D. Burkham

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.